



# IDAHO DEPARTMENT OF HEALTH & WELFARE

## SUBSTANCE USE DISORDERS NEWSLETTER

**JULY 2013**

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### **Newsletter updates coming this fall**

We are planning to transition this publication to a comprehensive Behavioral Health newsletter starting this fall. The revamped newsletter will feature news and updates from the Division of Behavioral Health, and will include information on mental health and substance use disorders. Stay tuned!

### **UPDATES: MEDICAID TRANSITION, RECOVERY COACHING AND TRAUMA INFORMED CARE**

*By Rosie Andueza*

For the last several months, the Operations team in the Division of Behavioral Health has been focusing on three major activities: The transition of Medicaid-only clients to Optum, Recovery Coaching and creating a resource for information on trauma informed care.

#### **Optum Idaho Transitions to Managed Care**

Effective September 1, 2013, all clients with Medicaid coverage will become a part of Idaho's Managed Care System, operated by Optum. This is a significant change for our Substance Use Disorders (SUD) treatment providers, who currently work with one insurer (BPA) when providing services for State-funded clients. Now, instead of simply submitting all claims to BPA for payment, providers will have to become enrolled with Optum in order to provide and bill for SUD services for clients with Medicaid coverage. Providers will then need to determine which clients will be billed to Optum and which will be billed to another State funding source. BPA will handle the billing for the Department of Health and Welfare (DHW) and the Department of Correction, while the Supreme Court and the Department of Juvenile Corrections will be responsible for their own billing. Additionally, Optum (Medicaid) will not pay for some recovery support services that may be covered by one of the State partners (eg: safe and sober housing).

For clients who receive Medicaid and also meet one of the Department's priority populations (eg: IVDU, pregnant women), services will need to be coordinated between Optum and DHW. We are currently working closely with Optum, the Division of Medicaid and the other State partners to develop processes that are seamless and will ensure wrap-around services for these individuals, while minimizing the amount of effort required by providers. We will roll out information to the provider network as we get closer to having this work completed. As always, if you have any concerns, please do not hesitate to contact me.



**Idaho's first Recovery Coaches and Trainers**

### **Recovery Coaching**

Idaho's first Recovery Coach Training was held May 20<sup>th</sup> through May 24<sup>th</sup> at the Nazareth Center in Boise. The training was delivered by Connecticut Community for Addiction Recovery (CCAR). Forty-seven Idahoans were trained as Recovery Coaches and 15 of those individuals received additional training to become Recovery Coach trainers, ensuring sustainability of this valued service in Idaho. The training was extremely successful and the enthusiasm of the group was remarkable. We continue to work with

what I have termed "The First Fifty" in developing a Recovery Coach system in Idaho. There is a lot of work to be done on this front! Our next steps include bringing CCAR back to Idaho to deliver another "train the trainer" session for those recovery coaches who want to further advance and become trainers. CCAR will also be delivering an ethics training for those already trained as Recovery Coaches. Finally, we have some planned activities that revolve around next steps to make Recovery Coaching a part of Idaho's Recovery Oriented System of Care. Stay tuned as we fine-tune these activities and bring you up to date in a future newsletter. If you are interested in learning more about Recovery Coaching, or want to become more involved, please email the DHW Recovery Coaching team at [RecoveryCoaching@dhw.idaho.gov](mailto:RecoveryCoaching@dhw.idaho.gov).

### **Trauma Informed Care Website**

In the last newsletter, we described our plans to create a trauma informed care website for Idaho. Since then, we have sent out a survey to gather input from the end users about what kind of information would be useful to include on the site. We are compiling those responses now and plan to start building soon! If you would like to be involved in the creation of this website, please contact Kathy Blamires at [blamiresk@dhw.idaho.gov](mailto:blamiresk@dhw.idaho.gov).

## PROGRESS CONTINUES TOWARD WITS IMPLEMENTATION

*The WITS Help Desk*

### Training

The WITS vendor (FEi Systems) and staff from the WITS Help Desk provided on-site training to providers June 11, 2013, through June 21, 2013. This training focused on core functionality in WITS to prepare treatment providers to meet the requirement to utilize WITS as their billing record. The FAQs located at [www.wits.dhw.idaho.gov](http://www.wits.dhw.idaho.gov) will be updated based on questions asked during these trainings.

Additional online and on-site training opportunities will be offered to providers over the summer months. Save the date for both RSS stand-alone and treatment provider trainings around the state.

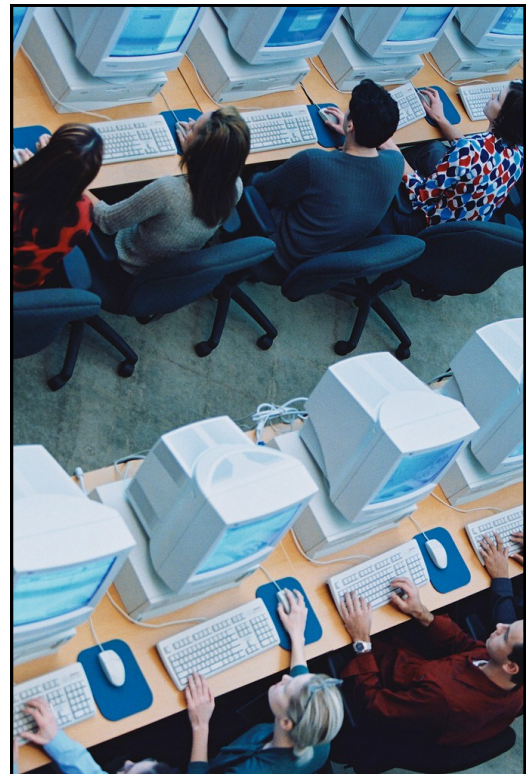
Sign up information and additional details for these trainings and online trainings will be sent out over the next few weeks. The dates and times of the trainings are as follows:

#### **RSS Stand-Alone Trainings**

- Coeur d'Alene – August 19, 2013: 1:00 PM – 5:00 PM
- Coeur d'Alene – August 20, 2013: 8:00 AM – Noon
- Lewiston – August 21, 2013: 1:00 PM – 5:00 PM
- Lewiston – August 22, 2013: 8:00 AM – Noon
- Idaho Falls – August 27, 2013: 1:00 PM – 5:00 PM
- Blackfoot – August 29, 2013: 8:00 AM – Noon
- Twin Falls – September 3, 2013: 1:00 PM – 5:00 PM
- Boise – September 6, 2013: 8:00 AM – Noon
- Boise – September 11, 2013: 8:00 AM – Noon
- Meridian – September 9, 2013: 1:00 PM – 5:00 PM
- Meridian – September 10, 2013: 8:00 AM – Noon

#### **Treatment Provider Training**

- Coeur d'Alene – August 20, 2013: 1:00 PM – 5:00 PM
- Lewiston – August 22, 2013: 1:00 PM – 5:00 PM
- Pocatello – August 26, 2013: 8:00 AM – Noon
- Pocatello – August 26, 2013: 1:00 PM – 5:00 PM
- Blackfoot – August 28, 2013: 1:00 PM – 5:00 PM
- Blackfoot – August 29, 2013: 1:00 PM – 5:00 PM
- Twin Falls – September 4, 2013: 8:00 AM – Noon
- Twin Falls – September 4, 2013: 1:00 PM – 5:00 PM
- Boise – September 11, 2013: 1:00 PM – 5:00 PM
- Meridian – September 10, 2013: 1:00 PM – 5:00 PM



We also encourage you to attend the Idaho WITS User Group (IWUG) conference call, which is held every other week. Additional training on WITS-specific subjects and the Idaho system is offered during each call.

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Your agency will receive an invite to the IWUG after you have completed WITS training. Providers are encouraged to email the WITS Help Desk with suggestions for future IWUG training, specific agency training needs, or questions not covered on the FAQs. Providers may also request access to the WITS training site to practice and learn how to perform tasks in WITS.



### **Changes in July and October**

The WITS Help Desk continues to get questions pertaining to the changes coming in July and October. Providers should start entering billing records in WITS in July. The Idaho Department of Juvenile Corrections is currently making referrals for all clients in WITS and plans to start paying providers from billing records entered into WITS between July and October. The Idaho Supreme Court (Problem Solving Courts) will make referrals of all clients in WITS starting in October and will begin processing payment directly from billing records entered in WITS. The Idaho Department of Health and Welfare will make referrals for all clients in WITS and payments will be processed from billing records entered into WITS starting in October when the management services contractor is using WITS. The Idaho Department of Correction is making referrals for some clients in WITS and will make referrals for all clients and make payments to providers based on billing records in WITS starting in October when the management services contractor is using WITS. The

WITS system will be fully implemented across all treatment providers, RSS stand-alone providers, IDHW, IDJC, IDOC, ISC, and the management services contractor by October 1, 2013.

### **Changes to Treatment Plan**

The treatment plan in WITS has not been finalized and the Department of Health and Welfare is actively seeking input from providers on the treatment plan. If you have feedback for the Department on the current treatment plan and want to get more involved, please email Ryan Phillips at [PhillipR@dhw.idaho.gov](mailto:PhillipR@dhw.idaho.gov). The deadline to submit feedback to the Department is July 19, 2013.

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## **UNDERSTANDING HEALTH LITERACY**

*By Business Psychology Associates*

### **What is health literacy?**

[Health.gov](http://Health.gov) defines health literacy as “the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”

### **Health literacy in the United States**

In 2003 the National Center for Education Statistics sponsored the National Assessment of Adult Literacy. This national and state-level assessment of over 19,000 adults ages 16 and older included the first ever health literacy component.<sup>1</sup>

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A report on the assessment found nearly 90% of adults had below proficient levels of health literacy,



meaning that they would have a difficult time using health information routinely available in healthcare facilities, retail outlets, media and communities.<sup>2</sup> Examples of tasks that individuals with below proficient health literacy levels would struggle with include determining the time a person can take a prescription medication based on information on the prescription drug label relating the timing of medication to eating (intermediate health literacy level), or identifying how often a person should have a specified medical test,

based on information in a clearly written pamphlet (below basic health literacy level). Low health literacy is more prevalent among certain populations including older adults, minority populations, individuals who have low socioeconomic status and medically underserved populations. The report also concluded that “At every higher self-reported level of overall health (poor, fair, good, very good, excellent), adults had higher average health literacy than adults in the next lower level.”<sup>3</sup> Meaning that, for example, on average individuals reporting fair health had higher average health literacy rates than those reporting poor health.

### **Health literacy affects patient outcomes**

Research shows that patients with poor literacy skills have worse healthcare outcomes due to issues like miscommunication and misunderstanding of diagnosis. In an analysis of the causal pathways between health literacy and outcomes, researchers found that “Beyond the issue of how shame might lead some people with low health literacy to avoid asking questions of their clinicians, low literacy may be associated more generally with worse patient activation. In addition, low literacy has been linked to worse mental health functioning and worsened depression. These connections may lead patients with low health literacy to have a tendency to be more passive and may complicate the patient-physician interaction and lead to miscommunication.”<sup>4</sup> Health literacy advocate and consultant Helen Osborne offers the following suggestions on increasing understanding to achieve better outcomes in her article “In Other Words... Bridging Literacy and Language Differences for Better Health Outcomes”<sup>5</sup>:

- Appreciate your own language limitations
- Show genuine respect
- Simplify your message
- Limit the number of actionable items
- Teach students good communication skills
- Create “forgiving environments” in which to learn
- If you want to change something, get involved

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## What can I do as a health care professional?

[HRSA.gov](http://HRSA.gov) offers the following ideas for how health care professionals can ensure that patients with limited health literacy are able to access care.<sup>6</sup>

- Identify patients with limited literacy levels
- Use simple language, short sentences and define technical terms
- Supplement instruction with appropriate materials (videos, models, pictures, etc.)
- Ask patients to explain your instructions (teach back method) or demonstrate the procedure
- Ask questions that begin with “how” and “what,” rather than closed-ended yes/no questions
- Organize information so that the most important points stand out and repeat this information
- Reflect the age, cultural, ethnic and racial diversity of patients
- For Limited English Proficiency (LEP) patients, provide information in their primary language
- Improve the physical environment by using lots of universal symbols
- Offer assistance with completing forms



## Resources to improve health literacy for providers and organizations

There are many resources available from the U.S. Department of Health and Human Services for individuals and organizations to improve health literacy.

- The Health Resources and Services Administration (HRSA) offers a free, self-paced online course for healthcare professionals titled “[Effective Communication Tools for Healthcare Professionals](#)”.
- The Office of Disease Prevention and Health Promotion offers a sample [action plan](#) for organizations that want to improve health literacy.
- The Centers for Medicare & Medicaid Services offers a [Toolkit for Making Written Material Clear and Effective](#).

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### Sources:

<sup>1</sup>Kutner, M., Greenberg, E., Jin, Y., and Paulsen, C. (2006). *The Health Literacy of America's Adults: Results From the 2003 National Assessment of Adult Literacy* (NCES 2006–483). U.S. Department of Education. Washington, DC: National Center for Education Statistics.

<sup>2</sup>"Health Literacy." *Improving Health Literacy*. Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services, 15 May 2013. Web. 15 May 2013. <<http://www.health.gov/communication/literacy/>>.

<sup>3</sup>Kutner, M., Greenberg, E., Jin, Y., and Paulsen, C. (2006). *The Health Literacy of America's Adults: Results From the 2003 National Assessment of Adult Literacy* (NCES 2006–483). U.S. Department of Education. Washington, DC: National Center for Education Statistics.

<sup>4</sup>American Journal of Health Behaviors. 2007; 31 (Suppl1): S19-S26

<sup>5</sup>Osborne, Helen, M.Ed., OTR/L. "In Other Words...Bridging Literacy and Language Differences for Better Health Outcomes." *On Call Magazine*. NY Times Co, The Boston Globe, 24 July 2008. Web. 15 May 2013. <<http://www.healthliteracy.com/article.asp?PageID=7849>>.

<sup>6</sup>"About Health Literacy." *About Health Literacy*. U.S. Department of Health and Human Services Health Resources and Services Administration, n.d. Web. 15 May 2013. <<http://www.hrsa.gov/publichealth/healthliteracy/healthlitabout.html>>.

## WHAT DO IDAPA CHANGES MEAN FOR CLINICIANS SEEKING APPROVAL AS QUALIFIED PROFESSIONALS?

By John Kirsch

The Department of Health and Welfare (DHW) Qualified Substance Use Disorders (SUD) Professionals webpage has been updated to comply with the changes to IDAPA 16.07.20, effective July 1, 2013. Specifically, the QSUDP, QSUDPT and Clinical Supervision checklists; the How to Manual for Clinical Supervision in Idaho; and the Case Management requirements have been updated to comply with the changes. A link to the updated site is included at the end of this article.

### Major Changes to DHW/SUD Clinical Credential Qualifications

#### QSUDP

Subsection 218 no longer requires documentation of 1,040 hours of supervised direct SUD treatment services for an Idaho Licensed Clinician listed in subsection 218.e-m. If you have a professionally licensed clinician on staff who is currently approved as a QSUDPT, pending completion of 1,040 hours of supervised SUD treatment experience, you may immediately request they be approved as a QSUDP as of July 1, 2013. To do so, go to DHW's Qualified Substance Use Disorders Professionals webpage and complete a QSUDP Checklist (newly updated). Submit the completed checklist, along with a copy of the clinician's current Idaho Professional License, to John Kirsch at [kirschj@dhw.idaho.gov](mailto:kirschj@dhw.idaho.gov), or fax to 208-332-7305.

#### QSUDPT

Subsection 223 specifies that: Clinical staff designated as a qualified substance use disorders professional trainee and who with intensive supervision would be allowed to gradually add the tasks of a qualified substance use disorders professional, must have one (1) of the following levels of qualification to begin work:

- Idaho Student in Addiction Studies (ISAS)
- Formal documentation as a Northwest Indian Alcohol/Drug Specialist Counselor 1
- Formal documentation of current enrollment in a program pursuant to the qualifications of Section 218 of these rules

<b>Qualified Substance Use Disorders (QSUDP) Applicant Documentation Checklist</b>		
IDAPA 16.07.20 subsection 218		
The approval process is a verification of credentials already held by a clinician who is to provide SUD Treatment Services in an IDHW Licensed Facility. The process was implemented to ensure clinicians meet the QSUDP requirements of IDAPA.		
Submit documentation, as a PDF attachment to an e-mail, to John Kirsch at <a href="mailto:kirschj@dhw.idaho.gov">kirschj@dhw.idaho.gov</a> or fax to 208-332-7305.		
QSUDP Name:		
Documentation/Certification (one of the following)	Documentation to be submitted to SUD in compliance with IDAPA 16.07.20, subsection 218	X
IBADCC Certified Alcohol/Drug Counselor (CADC) ;	Copy of current IBADCC Certification	<input type="checkbox"/>
IBADCC Advanced Certified A/D Counselor (ACADC);	Copy of current IBADCC Certification	<input type="checkbox"/>
Northwest Indian Alcohol/Drug Specialist Certification - Counselor II or Counselor III;	Copy of current NW Indian A/D Specialist Certification (CDS II or CDS III)	<input type="checkbox"/>
National Board for Certified Counselors (NBCC) - Master Addictions Counselor (MAC), or;	Copy of current NBCC MAC Certification	<input type="checkbox"/>
Documentation/Licensure (one of the following)	Documentation to be submitted to SUD in compliance with IDAPA 16.07.20, subsection 218	X
Idaho Licensed Clinical Social Worker (LCSW) or Idaho Licensed Masters Social Worker (LMSW)	Copy of current Idaho License	<input type="checkbox"/>
Idaho Licensed Marriage and Family Therapist, Idaho Registered Marriage & Family Therapist Intern or Idaho Licensed Associate Marriage & Family Therapist	Copy of current Idaho License	<input type="checkbox"/>
Idaho Licensed Nurse Practitioner	Copy of current Idaho License	<input type="checkbox"/>
Idaho Licensed Clinical Nurse Specialist	Copy of current Idaho License	<input type="checkbox"/>
Idaho Licensed Physician Assistant	Copy of current Idaho License	<input type="checkbox"/>
Idaho Licensed Professional Counselor (LPC) or Idaho Licensed Clinical Professional Counselor (LCPC)	Copy of current Idaho License	<input type="checkbox"/>

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## Clinical Supervision

Updates have been made to the “How to Manual for Clinical Supervision in Idaho” to comply with IDAPA requirements in subsections 216 and 217. Each update is marked with “7-1-13,” the date of the update.

## Case Management

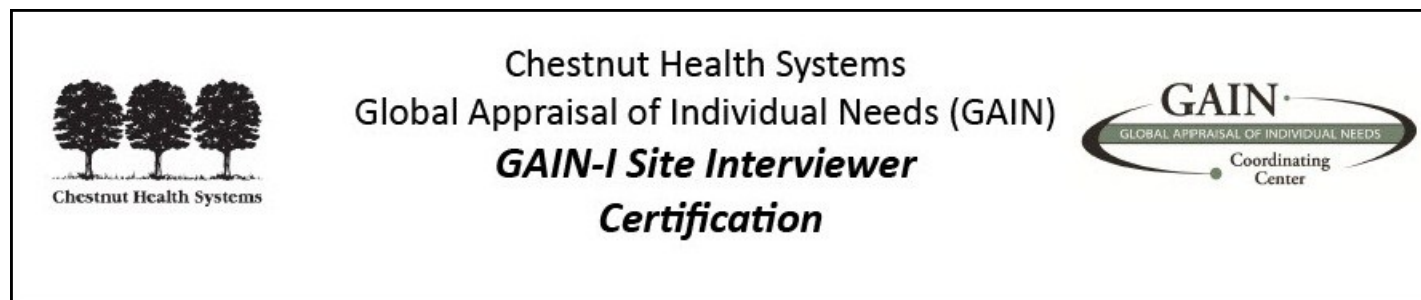
Subsection 745.04 changes the following:

- DHW/SUD will discontinue the Case Manager/Case Manager Trainee approval process.
- DHW/SUD will no longer issue Case Manager/Case Manager Trainee Certificates
- In the absence of the Case Management Approval Process, providers are reminded to perform due diligence in ensuring that Case Managers meet IDAPA requirements.
- The following Case Management documents remain on the DHW/SUD/RSS website for provider convenience to use as they may choose:
  - Case Manager Training Power Point
  - Case Management Supervision Form
  - Case Management Progress Note Form
  - Case Management PO Report

## Case Management Supervision

There were no changes to subsection 745.07.

### GAIN Training SFY 2014



Guided by data compiled from responses to the GAIN Training Survey disseminated to the treatment provider network in April 2013, the following GAIN training will be available for qualified clinical staff in SFY 2014:

- GAIN Local Trainer Training/Certification
- GAIN Site Interviewer Training/Certification
- GRRS Clinical Editing and Interpretation training will be available.

Training details will be disseminated to the treatment provider network by the end of July.

### Links

**DHW/SUD Qualified Professionals website:** <http://www.healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/InformationforProviders/QualifiedProfessionalsCaseManagers/tabid/1004/Default.aspx>

**IDAPA 16.07.20 effective 7/1/2013:** <http://adminrules.idaho.gov/rules/current/16/0720.pdf>





## MEET THE PROVIDER: ASCENT BEHAVIORAL HEALTH SERVICES

*By Jon Meyer*

Since opening the doors in 2004, Ascent Behavioral Health Services has helped numerous clients rebuild their lives and live a lifestyle of recovery. But for co-founders and owners Vern Garrett and Darren Richman, what Ascent does goes beyond that: Their services are part of building better communities.

“We love to see families reunited and watch people recover,” Darren said. “We also like to see our prison populations go down ... and see the crime rate go down. It’s just the overall benefit to the community and getting to be part of that.”

Vern and Darren had worked together at a local hospital for about six years when the hospital stopped providing outpatient behavioral health services. Seeing an opportunity to fill an unmet need, they founded Ascent in 2004, opening an office in Meridian serving adults and adolescents.

Ascent expanded in 2010, opening an office in Mountain Home that offers services for adolescents and adults, as well as the Elmore County Drug Court. A Garden City office serving only adults opened in 2012. Additionally, the company is part of a pilot project with the Idaho Department of Juvenile Corrections to provide telehealth services to adolescents in rural Idaho.

Vern and Darren, Ascent’s CEO and CFO, respectively, estimate the three facilities could potentially serve up to 500 clients at any given time.

When Ascent first opened, they provided both mental health and substance use treatment, but have gravitated over the years to focusing on substance use services, with treatment for co-occurring disorders available.

“Sixty percent of our clientele have both a mental health disorder and substance use disorder. By focusing, I think that has allowed us to develop expertise in a full range of substance use services,” Vern said. “Our staff, like most substance abuse staff, take providing this service as their mission in life. They’re very dedicated.”

Ascent is continuously updating their programming to maintain services that are the most effective for their clients.

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Currently they run group sessions in the morning, afternoon and evening, and on Saturdays, to work around client schedules. They've also established an in-house transportation program, with vans and drivers dedicated to transporting Ascent clients.

Ascent's services include substance use assessments, outpatient and intensive outpatient treatment, individual therapy for adults and adolescents, gender-specific groups for the Idaho model of cognitive self-change, anger management and parenting classes, victims panel, and drug education.

"One of our primary objectives when we opened was to provide services that the community needed. We try to be very flexible in the services we provide and we try to gauge the need for services," Darren said. "When we see a need and there's appropriate funding or the willingness of clients to pay, we look to filling that need."

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## Regional Resources

### Region 1

[www.rac1.dhw.idaho.gov](http://www.rac1.dhw.idaho.gov)

Community Resource Development Specialist

Corinne Johnson 208.665.8817

### Region 2

[www.rac2.dhw.idaho.gov](http://www.rac2.dhw.idaho.gov)

Community Resource Development Specialist

Darrell Keim 208.882.6932

### Region 3

[www.rac3.dhw.idaho.gov](http://www.rac3.dhw.idaho.gov)

Community Resource Development Specialist

Joy Husmann 208.455.7108

### Region 7

[www.rac7.dhw.idaho.gov](http://www.rac7.dhw.idaho.gov)

Community Resource Development Specialist

Brenda Price 208.234.7929 or 208.705.9145

### Region 4

[www.rac4.dhw.idaho.gov](http://www.rac4.dhw.idaho.gov)

Community Resource Development Specialist

Laura Thomas 208.334.6866

### Region 5

[www.rac5.dhw.idaho.gov](http://www.rac5.dhw.idaho.gov)

Community Resource Development Specialist

Beth Cothorn 208.732.1582

### Region 6

[www.rac6.dhw.idaho.gov](http://www.rac6.dhw.idaho.gov)

Community Resource Development Specialist

Brenda Price 208.234.7929 or 208.705.9145

### Central Office

[healthandwelfare.idaho.gov/Medical/  
SubstanceUseDisorders/tabid/105/Default.aspx](http://healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/tabid/105/Default.aspx)

208.334.0642